

SENATE CONCURRENT RESOLUTION No. 234

STATE OF NEW JERSEY 214th LEGISLATURE

INTRODUCED JULY 7, 2011

Sponsored by:

Senator ROBERT M. GORDON

District 38 (Bergen)

Senator JIM WHELAN

District 2 (Atlantic)

Co-Sponsored by:

Senators Lesniak, Ruiz and Turner

SYNOPSIS

Overrides Governor's line-item veto eliminating Fiscal Year 2012 appropriation for Medicaid coverage of certain prescription drug expenses of Medicaid recipients who are enrolled in Medicare Part D program.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 7/12/2011)

1 **A CONCURRENT RESOLUTION** overriding a line-item veto of a
 2 Fiscal Year 2012 appropriation for Payments for Medical
 3 Assistance Recipients -- Prescription Drugs in the Department of
 4 Human Services concerning the coverage of certain prescription
 5 drug expenses of Medicaid recipients who are enrolled in the
 6 Medicare Part D program.

7
 8 **BE IT RESOLVED** *by the Senate of the State of New Jersey (the*
 9 *General Assembly concurring):*

10
 11 1. That the following line-item of appropriation, on pages 100
 12 and 110 of Senate Bill No. 4000 of 2011 (P.L.2011, c.85) which
 13 was the subject of objection by the Governor in the Governor's veto
 14 statement of June 30, 2011, be restored to law as follows, the
 15 objections thereto of the Governor notwithstanding:

16
 54 DEPARTMENT OF HUMAN SERVICES

20 Physical and Mental Health

24 Special Health Services

7540 Division of Medical Assistance and Health Services

GRANTS-IN-AID

22-7540 General Medical Services \$13,000,000

Grants-in-Aid:

22 Payments for Medical
 Assistance Recipients -
 Prescription Drugs (\$13,000,000)

17 Of the amount hereinabove appropriated for Payments for Medical
 18 Assistance Recipients - Prescription Drugs, such sums as are
 19 necessary are available for payment of Medicare Part D
 20 copayments and for certain pharmaceuticals not included in
 21 Medicare Part D prescription plan formularies for those
 22 individuals who are dually eligible for Medicaid and Medicare.
 23 These funds shall only be available to cover copayments and
 24 non-formulary drugs to pharmacies participating in the federal
 25 Medicare Part D program. Payments for pharmaceuticals not
 26 included in the Part D formularies may be subject to prior
 27 authorization. The Department of Human Services may require
 28 proof of appeal or may appeal the Medicare Part D formulary
 29 decision on behalf of a dual-eligible client.

30
 31 2. **BE IT FURTHER RESOLVED**, that copies of this resolution
 32 be delivered to the Governor, the State Treasurer, and the
 33 Commissioner of Human Services.

1 STATEMENT

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3 This resolution restores the \$13.0 million appropriation in the
4 Fiscal Year (FY) 2012 appropriations act that defrays the costs to
5 the State Medicaid program of covering the following expenses of
6 Medicaid recipients who are enrolled in the Medicare Part D
7 program: (a) Medicare Part D co-payments and (b) the cost of
8 drugs that are not on a Medicare Part D formulary. The Legislature
9 added the \$13.0 million to the FY 2012 appropriations act, which
10 the Governor subsequently cut by force of a line-item veto.

11 Absent this resolution, the State's FY 2012 prescription drug
12 cost would be lowered by an estimated \$13.0 million, which costs
13 would be shifted to Medicaid recipients who are enrolled in the
14 Medicare Part D program.